

FFAS-10

(01-18-00)

U.S. DEPARTMENT OF AGRICULTURE

Farm and Foreign Agricultural Services

FLEXIPLACE WORK AGREEMENT

PURPOSE

The purpose of this agreement is to document the flexiplace work agreement between the employee and supervisor.

Flexiplace agreements shall be signed and forwarded to the Flexiplace Coordinator when employee and supervisor agree to flexiplace participation of one month or more. If an agreement is for less than one month, the document shall be signed and maintained by the supervisor for record purposes, but is not required to be forwarded to the Flexiplace Coordinators. Employee shall receive a copy of the agreement.

QUALIFICATIONS

The employee volunteers to participate in the Flexiplace Work Program and to adhere to the applicable guidelines and policies included in this document and in the Partnership Agreement on FSA/RMA Flexible Workplace (Flexiplace) Program (PC agreement).

Dependent Care	Employee understands that Flexiplace is not a substitute for dependent care. Care for dependents outside the home or in the home by a third party must be provided during the employee's scheduled work hours.
Guidelines	The employee demonstrates motivation, independence, dependability and good time management skills in accomplishing work assignment.
Performance Rating	Employee must currently have a performance rating of at least fully successful.
Work Assignment	Flexiplace work shall be portable, measurable and able to be completed away from the official duty station without adversely affecting the workload of other employees, office coverage, or other mission of the work unit.

ADMINISTRATIVE POLICIES

In the event an employee must report to the official duty station during the workday, travel time from the alternative work site will be considered part of the tour of duty.

Time and Attendance	Employee's time and attendance will be recorded as if performing duties at the official duty station. Work Schedule Log (Form FSA-958) may be submitted telephonically, electronically, via US mail or in person in order to allow the timely processing of time and attendance records.
Work Schedule, Overtime, Pay, Leave and Other Personnel Issues	<p>Rules concerning work schedules, overtime, pay, leave, core hours and other personnel issues apply to flexiplace employees as they do to on-site employees.</p> <p>The employee does not relinquish any entitlement to reimbursement for authorized expenses incurred while conducting business for the Government.</p>

EMPLOYEE RESPONSIBILITIES

Working at Home

An employee working at home is responsible for:

- operating costs associated with working at home such as utilities, maintenance, insurance or any other incidental cost
- obtaining necessary insurance coverage, business use permits, or variances etc. from local municipalities, home owners' association, etc.

Safeguarding Records

The employee will safeguard and protect Government/Agency records from unauthorized exposure or damage and will comply with Privacy Act requirements set forth in Privacy Act of 1974, Public Law 93-573, codified as Section 552a, Title 5 U.S.C.

Personal or Real Property Damage

The employee is liable for damages to an employee's personal or real property during the course of performance of official duties or while using Government equipment in the employee's residence, except to the extent the Government is held liable for Federal Tort Claims Act claims or claims arising under the Military personnel and Civilian Employees Claims Act.

Government Equipment

Employee will protect the Government equipment in accordance with the procedures established in FIRM Bulletin 30, October 15, 1985, this agreement and the PC agreement.

The employee is responsible for transporting the equipment to and from ITSD from their Flexiplace Work site, unless otherwise agreed upon for medical flexiplace.

Employee Equipment

If the employee provides equipment, he/she is responsible for servicing and maintaining it.

GOVERNMENT RESPONSIBILITIES

Service and Maintenance of Government Equipment

The Government is responsible for servicing and maintaining Government owned equipment.

Should Government equipment need repair or additional software employee must transport the equipment to and from ITSD, unless otherwise agreed upon for medical flexiplace.

Home Inspections

The Agency must provide the employee at least 24 hours advance notice to permit periodic home inspections by the Agency of their work site during normal work hours.

PERFORMANCE MANAGEMENT

Failure to Comply with Flexiplace Agreement

Failure to comply with flexiplace provisions may result in loss of pay, termination of this flexiplace arrangement, and/or other appropriate disciplinary action.

Job Performance

Employee's job performance shall be held at the same standard as any employee who works at the official duty station and shall be evaluated by his/her immediate supervisor.

Maintaining Fully Successful Rating

A flexiplace employee must maintain a performance rating of at least fully successful. Failure to maintain a fully successful rating will result in re-evaluation of Flexiplace participation and may result in removal from the program.

FLEXIPLACE WORK AGREEMENT

1. The following constitutes an agreement between:

Employee's Name:	Agency:
Grade:	Division/Branch:
Title:	Telephone No.:
Supervisor's Name:	Telephone No.:

Employee volunteers to participate in the flexiplace program and to adhere to applicable Union Contract and/or Partnership Council Agreement guidelines and Agency policy. Agency concurs with employee's participation and agrees to the applicable guidelines and policies.

2. Employee requests the following type of flexiplace with the following beginning and ending dates:

Type of Flexiplace	Begin Date	End Date (NTE 1 Year)
Long-Term (<i>Complete Item 4A also</i>)		
Intermittent (Recurring Only) (<i>Complete Item 4B also</i>)		
Short-Term Medical (<i>Complete either Item 4A or 4B also depending on medical documentation.</i>)		

NOTE: If applying for Short-Term Medical Flexiplace, a physician's statement, which includes the maximum number of hours the employee may work each workday, must be attached to the agreement.

3. Employee's Work Location:

Employee's Work Location	Employee's Alternate Work Site - Home or Telecommute Center
City/State:	Address:
Telephone No.:	Telephone No.:
E-Mail Address:	E-Mail Address:
FAX No.:	FAX No.:
Server (<i>Contact your User Assistance Team (UAT)</i>):	

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.

4. Work Location Schedules:**A. Long Term:**

Scheduled Workdays Each Workweek	Week One Work Location	Week Two Work Location
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday*		
Sunday*		

*Available for short-term medical flexiplace only.

B. Intermittent Schedule - Describe employee work schedule:

(For example: Jane Doe will work at home 2 days every 3rd week of the month to complete monthly estimate reports).

5. Indicate hardware/software and/or telephone services required:

(✓) If you are requesting . . .	Then complete Form(s) . . .
<input type="checkbox"/> Desk top setup required on personal computer	FFAS-6, Flexiplace Hardware and Software Request
<input type="checkbox"/> Agency computer	
<input type="checkbox"/> Laptop	
<input type="checkbox"/> Software	
<input type="checkbox"/> Modem	
<input type="checkbox"/> Printer	
<input type="checkbox"/> Dial-in-Access	FFAS-13C, Local Area Network (LAN) Dial-In Access Authorization
<input type="checkbox"/> Phone Line	AD-700, Procurement Request
<input type="checkbox"/> General calling card	
<input type="checkbox"/> FAX machine (<i>Short-term medical</i>)	

Employee should request any of the above through the appropriate contact. Indication on this form does not constitute a request for these services.

6. Indicate the type of work you will be doing on flexiplace. (For reporting purposes only - you may choose more than one.)

(✓) Type of Work
<input type="checkbox"/> Computer (<i>programming, data-entry or word processing</i>)
<input type="checkbox"/> Analytical
<input type="checkbox"/> Writing
<input type="checkbox"/> Telephone Intensive Tasks
<input type="checkbox"/> Planning/Project Management

7. Approvals:

Employee:	Date:
Supervisor:	Date:
HRD-Flexiplace Coordinator (<i>only for short-term medical flexiplace</i>):	Date: